

## Health Advisory

### Update Regarding Respiratory Syncytial Virus (RSV) Immunization November 15, 2023

#### SUMMARY POINTS

- The demand for nirsevimab (Beyfortus), the monoclonal antibody that protects infants against RSV, has exceeded the current manufactured supply for the 2023-24 RSV season.
- Providers should prioritize the youngest infants for Beyfortus administration and utilize Synagis for all eligible high-risk infants during the 2023-24 RSV season.
- Providers should offer the RSV preF vaccine (Abrysvo) to all pregnant individuals at 32-36 weeks of gestation to protect infants against severe RSV disease in the first 6 months of life.
- Most infants born to individuals who have received Abrysvo vaccine will not need a dose of Beyfortus.

On October 23, 2023, the Centers for Disease Control and Prevention (CDC) announced a supply shortage of nirsevimab (Beyfortus) reported by the manufacturer Sanofi (1). The current supply will not cover all eligible infants for the 2023-24 RSV season; thus, providers should prioritize infants aged 0-6 months, who are at highest risk of severe RSV disease. RSV remains the leading cause of hospitalization in US infants annually. Infants are more likely to be hospitalized due to RSV in the first three months of life, with a decrease in hospitalization rates with increasing age (2). Providers should aim to immunize newborns in the nursery and neonatal intensive care unit (NICU) with Beyfortus prior to discharge and utilize 50 mg doses for the youngest infants before they exceed 5 kg (11 lb). Practices should utilize Synagis (palivizumab) for eligible infants and young children with qualifying underlying medical conditions during the 2023-24 RSV season (3).

Providers should offer the bivalent RSVpreF vaccine (Abrysvo, Pfizer) to all pregnant individuals to protect infants through the current RSV season. Patients should be made aware that Beyfortus is in extremely short supply and access will be difficult or impossible, especially later in the season. In trials, this maternal RSV vaccine reduced the risk of severe RSV disease by 82% within 3 months and by 69% within 6 months after birth and reduced hospitalizations by 57% in the first 6 months after birth. Vaccination of pregnant individuals is recommended at 32-36 weeks of gestation during September through January (4). Side effects include pain at the injection site, headache, myalgia, and nausea. An imbalance of premature births was found in the vaccine group; however, this finding was not statistically significant and administering the vaccine at 32 weeks and above should reduce this risk. Abrysvo vaccine is currently available at some clinics and many pharmacies often without a prescription. Providers and/or patients should check insurance coverage through direct inquiries with insurance carriers. Most infants born at least 14 days after maternal vaccination with Abrysvo vaccine are considered protected against RSV and will not need a dose of Beyfortus (5).

Lastly, providers should continue to counsel parents and families on RSV prevention through hand hygiene, providing breastmilk, surface sanitation, and keeping infants away from sick contacts.

#### References:

1. [Health Alert Network \(HAN\) - 00499 | Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)
2. [ACIP Evidence to Recommendations for Use of Nirsevimab in Infants born during the RSV season or entering their first RSV season | CDC](#)
3. [Palivizumab Prophylaxis in Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
4. [Healthcare Providers: RSV Vaccination for Pregnant People | CDC](#)
5. [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus—Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)